

FILED

5/10/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**RECEIVED**APR 29 2016 *AB*THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTDARNEIL DUETT(Enter above the full name
of the plaintiff or plaintiffs in
this action)**1:16-cv-4845****Judge Thomas M. Durkin****Magistrate Judge Mary M. Rowland****PC1**

vs.

Case No: _____

(To be supplied by the Clerk of this Court)"THOMAS DART""DIRECTOR / JONES""Sgt. DAILY""DIRECTOR / MOORE""SUPERINTENDENT / BROWN""C/O MOLZARNA""C/O RILEY""Commander / DOMINQUEZ""C/O VEREEN""Sgt. PECK""Nurse LEE"(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")"Nurse Short""Nurse JANE DOE""C/O John DOE""C/O John DOE"**CHECK ONE ONLY:**☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)☐ **OTHER (cite statute, if known)****BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: DARNEIL DUETT
- B. List all aliases: N/A
- C. Prisoner identification number: 20140626293
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: THOMAS DART
Title: SHERIFF
Place of Employment: Cook County Jail
- B. Defendant: JONES
Title: DIRECTOR
Place of Employment: Cook County Jail
- C. Defendant: MOORE
Title: DIRECTOR
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

I. Plaintiff(s):

- A. Name: DANIEL DUETT
- B. List all aliases: N/A
- C. Prisoner identification number: 20140626293
- D. Place of present confinement: COOK COUNTY Jail
- E. Address: P.O. Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: DOMINQUEZ
Title: COMMANDER
Place of Employment: ~~MOCZARNA~~ COOK COUNTY Jail
- B. Defendant: MOCZARNA
Title: CORRECTIONAL OFFICER
Place of Employment: COOK COUNTY Jail
- C. Defendant: PECK
Title: SERGEANT
Place of Employment: COOK COUNTY Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

I Plaintiffs

A. NAME: DARNELL DUETT

B. LIST ALL ALIASES: N/A

C. PRISONER identification number: 20140626293

D. PLACE of PRESENT CONFINEMENT: COOK COUNTY Jail

E. Address: P.O. Box 089002 Chicago IL 60608

II Defendant(s)

A. Defendant: DAILEY

Title: Sergeant

place of Employment: COOK COUNTY Jail

B. Defendant: BROWN

Title: Superintendent

place of Employment: COOK COUNTY Jail

C. Defendant: RILEY

Title: Correctional officer

place of Employment: COOK COUNTY Jail

I plaintiffs

A. NAME: DARNELL DUETT

B. List All Aliases: N/A

C. Prisoner identification number: 20140626293

D. Place of present confinement: Cook County Jail

E. Address: P.O. Box 089002 Chicago IL 60608

II Defendant(s)

A. Defendant: VEREEN

 Title: Correctional officer
 Place of Employment: Cook County Jail

B. Defendant: LEE

 Title: Nurse
 Place of Employment: Cook County Jail

C. Defendant: Short

 Title: Nurse
 Place of Employment: Cook County Jail

I plaintiffs

A. NAME: DARWELL DUEY

B. List All ALIASES: N/A

C. prisoner identification number: 2010626293

D. place of present confinement: Cook County Jail

E. Address: P.O. Box 089002 Chicago IL 60608

II Defendant(s)

A. Defendant: JANE DOE

Title: NURSE

place of employment: Cook County Jail

B. Defendant: John Doe

Title: Correctional officer

place of employment: Cook County Jail

C. Defendant: John Doe

Title: Correctional officer

place of employment: Cook County Jail

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 13C 3533
- B. Approximate date of filing lawsuit: 3-13-13
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: DARNELL QUETT
- D. List all defendants: BOONEY JONES, Et al Tom Dart
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT
- F. Name of judge to whom case was assigned: THOMAS DUCKINS
- G. Basic claim made: EXCESSIVE FORCE
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): SETTLED
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 13 c 4500
- B. Approximate date of filing lawsuit: 3-13-13
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Darrell DUEY
- D. List all defendants: V. Thomas Tom Dart
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: Thomas Durkin
- G. Basic claim made: Excessive force failure
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Settled
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III List All lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. NAME of case and docket number: 15 C 7007

B. Approximate date of filing lawsuit: 8-10-15

C. List all plaintiffs (if you have co-plaintiffs), including any aliases: DARREN DUFFY

D. List all defendants: Guadarrama, John Doe, Tom Dart

E. Court in which the lawsuit was filed: Northern District

F. Name of Judge to whom case was assigned: Thomas Durkin

G. Basic claim made: Excessive force

H. Disposition of this case: pending

I Approximate date of disposition: N/A

III

List All lawsuits you (and your co-plaintiffs, if any) have filed in any State or federal court in the United States

- A. Name of case and docket number: 13 C 4501
- B. Approximate date of filing lawsuit: 4-18-13
- C. List all plaintiff (if you had co-plaintiffs), including any aliases: DARNELL DUELL
- D. List all defendants: Tom DART Victor Thomas
- E. Court in which the lawsuit was filed: Northern District
- F. Name of Judge to whom case was assigned: Thomas Durkin
- G. Basic claim made: Cruel and unusual punishment
- H. Disposition of this case: Dismissed
- I. Approximate date of disposition: N/A

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

① I arrived in Cook County Jail on 9-30-15 and upon my arrival I was assign to Division 8 RTU 4F and upon my arrival I was not notified by C/O John Doe nor administration. This infection manifestation of body lice problem on Division 8 RTU 4F, officials can be found liable under the Consitution for denying an inmate humane conditions of confinement when the officials knows of and disregards an excessive risk to inmate health and

② Safety: The officials were both aware of facts from which the inference could be drawn that a substantial risk of harm exists. There have been multiple compliants brought forth by inmates to C/O Riley, C/O VEREEN, C/O John Doe, Sgt. PECK, Sgt. Daily, Commander DOMINQUEZ, Director Moore, C/O Moczarina, Nurse Lee, Nurse Short, Nurse Jane Doe, Superintendent Brown, and C/O John Doe. on multiple dates such as 10-1-15 to 10-28-15 ③ I DARNELL DUETT

personally brought the problem to the attention of C/O John Doe on 10-5-15 which is the date i first caught the infection, i was only given a bottle of lice lotion and a comb. Then on 10-20-15 i was infected again so i brought it to the intions of C/O Matos ^{BADGET} 17424, he sent me to health care which i was given more lotion and a comb from nurse Jane Doe after i showed her the bugs on me. I was sent back to the same deck that happen to be infected with these bugs. The deck still have not been quarantine and no type of exterminator was called in to get rid of the infestation, so not only me catching the infection three times there was many other inmates on the deck catching the infection multiple times also and

④ multiple inmates put in grievances of the infection that is going on. And still haven't nothing that should be adequately done to get rid of the infection have been done yet ⑤ officials failure to alleviate a significant risk that they have perceived but did not, while cause for commendation, can be condemned as the infliction

of punishment (6) liability are imposed on officials solely because of the presence of objectively inhumane jail conditions. Although state of mind, like intent, is an ambiguous term that can encompass objectively defined levels of blameworthiness (7) An act or omission unaccompanied by knowledge of significant risk of harm might well be something society wishes to discourage, and if harm does result society might well wish to assure compensation (8) prison officials must satisfy a subjective requirement. C/O's and officials showed deliberate indifference to claims, based on officials failure to prevent infection from constantly spreading. To act recklessly in either setting a person must consciously disregard a substantial risk of harm. Finding of recklessness only when a person disregards a risk of harm of which he is aware (9) The officials recklessly acted and has a duty to act fail to act in the face of an unjustifiably high risk of harm that was known and obvious. So it is, indeed, fair to say that failing to act with deliberate indifference to a substantial risk of harm to inmates is the equivalent of recklessly disregarding that risk. (10) Complaints and grievance gave officials a knowing willingness that harm occur, the facts are also clear that it is satisfied by something more than acts and omissions for the very purpose of causing harm or with knowledge that harm will result, officials showed more than ordinary lack of due care for the inmates interests and safety. (11) officials acted like criminals, a subjective approach to recklessness. The standard for reckless disregard for the truth in a defamation action by

officials is a subjective one, requiring that the defendants in fact entertained serious doubts as to the truth of their publication, the defendants actually had a high degree of awareness of the infection going on (12) (officials know of a risk, and it suffices that they knew) use of deliberate for example, arguably requires nothing more than an act or omission of indifference to a serious risk that is voluntary, not accidental. The concept of constructive knowledge is familiar that conclusively presumed awareness from a risk's obviousness (13) In light of the duties assigned to specific officials or employees the need for more or different training is so obvious, that Thomas Dart and director Jones, know. And the inadequacy so likely to result in the violation of many constitutional rights, that the policymakers (Thomas Dart and director Jones) upon my belief can reasonably be said to have been deliberately indifferent to the needs of inmates (14) officials had the requisite knowledge of a substantial risk is a fact subject to demonstration in the usual ways, including inference from circumstantial evidence. Therefore officials knew of a substantial risk from the very fact that the risk was obvious. The risk was obvious, so that a reasonable man would realize it, is enough infer that the defendants did in fact realize it, and the inference was conclusive. More than a subjective approach present officials with any serious motivation to take refuge in the zone between ignorance of obvious risks and actual knowledge of risks (15) Inflictions of punishment carry liability. permitting liability when a municipality disregards obvious needs. Officials failure shows a deliberate indifference to the rights of its inhabitants

Officials were "reckless in a criminal sense", meaning that they had "actual knowledge" of a potential danger. Officials, however, never lacked the requisite knowledge. Inmates expressed concern for our safety to many officials. (16) The Constitution does not mandate comfortable jails, but neither does it permit inhumane ones, and it is now settled that the treatment a inmate receives in jail and the conditions under which inmates is confined are subject to scrutiny. The Constitution also imposes duties on these officials, who must provide humane conditions of confinement; officials must ensure that inmates receive adequate clothing, shelter, and medical care, and must take reasonable measures to guarantee the safety of the inmates (17) CCDOC officers and employees, have stripped us of virtually every means of self-protection and foreclosed our access to adequate aid, officials are not free to let the state of nature take its course. (18) Restrictive and even harsh, being infected is simply not part of the penalty that inmates pay for our offenses against society. Officials action and omission result in the denial of the minimal civilized measure of lifes necessities. The deprivation was, objectively, sufficiently serious (19) All inmates that was infected showed that we is incarcerated under conditions posing a substantial risk of harm. In jail-conditions that state of mind is one of deliberate indifference to inmates health and safety (20) To violate the cruel and unusual punishments clause, a official must have a sufficiently culpable state of mind, and shows that deliberate indifference of

officials State of mind was more blameworthy and NEGLIGENCE. (21) Inadequate Jail medical care violated the cruel and unusual punishments clause. Deliberate indifference to our medical needs, from NEGLIGENCE in diagnosing and treating a medical condition. (22) C/O VEREEN, C/O Riley, C/O MOCZARNA, C/O John Doe, C/O John Doe, Sgt. PECK, Sgt. Daily, Superintendent Brown, Commander DOMINQUEZ, Nurse LEE, Nurse Short, Nurse JANE DOE. HAD KNOWLEDGE that harm will result. Thus, it is the equivalent of acting RECKLESSLY. This establish the level of culpability deliberate indifference entails, subjective RECKLESSNESS only because officials has disregarded a risk of harm of which they was aware is a familiar and workable standard that is consistent with the cruel and unusual punishments clause.

(23) failure to alleviate a significant risk that an official should have perceived but did not. Jail officials is not free to ignore obvious dangers to inmates, official had the requisite knowledge is a fact subject to demonstration in the usual ways. (24) officials KNEW of a substantial risk from the risk but did not think that the complainants was especially likely to be infected by the inmate who started the act. It does not matter whether the risk came from a particular source or whether a inmate faced the risk for reasons personal to him or because all inmates in our situation faced the risk, prison officials are held liable if they were aware of EVEN an obvious risk or if they responded unreasonably to a known risk, EVEN if the harm ultimately was not averted. (25) Inmates took advantage of adequate jail procedures to resolve the

infection from spreading, but inmates in CCDOC have to suffer physical injury before obtaining prospective relief. The subjective test adopted today is consistent with the principle that "one does not have to await the consummation of threatened injury to obtain preventive relief. The grievance procedures, notified officials of a danger. The grievances alone is enough to show that the officials was subjectively aware of the risk, so officials had knowledge about the confinement conditions and thus were to be held liable. (26) The prison officials could be found liable under the Constitution for denying the inmates humane conditions of confinement officials knew of and disregarded an excessive risk to inmates health and safety. The prison officials was aware of facts from which the inference could be drawn that substantial risk of harm existed, and they also draw the inference (27) The treatment a prisoner receives in prison and the conditions under which he is confined are subject to scrutiny, in its prohibition of cruel and unusual punishments. The Constitution also imposes duties on these officials, who must provide humane conditions of confinement; prison officials must ensure that inmates receive adequate shelter and medical care, and must take reasonable measures to guarantee the safety of the inmates (28) The deprivation alleged shows, objectively, sufficiently serious condition posing a substantial risk of harm, officials had a sufficiently culpable state of mind; state of mind is one of deliberate indifference to inmates health. Liability were more than ordinary lack of due care for the inmates interests and

Safety (29) Officials duty is to ENSURE reasonable safety, therefore, prison officials who act unreasonably can be found liable under the cruel and unusual punishments clause. A subjective approach to deliberate indifference does not require a inmate seeking a remedy for unsafe conditions to await a tragic event such as an actual infection before obtaining adequate relief. (30) punishment have befall upon EVERY inmate on Division 8 4F, and prison authorities current attitudes and conduct, knowingly and unreasonably disregarding an objectively intolerable risk of harm, and that they continue to do so, prison officials current attitudes and conduct, is a contemporary violation of a nature likely to continue must adequately plead such violations (31) officials NEVER tried to prevent a substantial risk of injury from ripening into actual harm, other inmates infections and grievances demonstrate the continuance of the disregard during the remainder of the litigation and into the future (32) Jail officials duty to provide for Inmates safety is not to be taken lightly. Jail conditions could constitute cruel and unusual punishment without any officials improper subjective motivations. In more than three weeks Inmates have been giving advance notice to the officials of the risk of harm (33) officials are held liable for denying to a inmate humane conditions of confinement, under the rule that an officials deliberat indifference to a substantial risk of harm to inmates violates the cruel and unusual punishments clause, only because official is subjectively aware that inmates face such a risk. The officials not only being

aware of facts from which an inference of such a risk could be drawn, but also drawing that inference and disregards that risk by failing to take reasonable measures to abate the risk; deliberate indifference is equivalent to reckless disregard and describes a state of mind more blameworthy than negligence, but is something less than acts or omissions for the very purpose of causing harm and with knowledge that harm will result; Subjective RECKLESSNESS (34) The failure of officials to alleviate a significant risk that they have perceived, but did not, can be condemned as the infliction of punishment. Serves a legitimate penological objective any more than it squares with evolving standards of decency. (35) Showing of prison officials subjective awareness of risk, officials may be liable under the Constitution for failing to protect (36) officials continue to remove and place inmates on 4F despite knowing that the lice and history of the infection. Knowing that any and all inmates would be particularly vulnerable to infection. Officials conduct amounted to a deliberately indifferent failure to protect the inmates safety, and thus to a violation of the inmates rights under the cruel and unusual punishment clause (37) INFERENCE from circumstantial evidence; a factfinder may conclude that the officials knew of a substantial risk from the very fact that the risk was obvious. Inmates presents evidence showing that a substantial risk catching lice was longstanding, pervasive, well-documented, and expressly noted by the officials in the past, and if the circumstances suggest that the officials had been exposed to information concerning the risk and thus must have known about

the risk, then such evidence is sufficient to permit a trier of fact to find that the officials had actual knowledge of the risk (38) The evidence shows that officials merely refused to verify underlying facts that they strongly suspected to be true or declined to confirm inferences of risk that they strongly suspected to exist.

(39) Officials know that some infections are communicable and that a single inmate is administer it to other inmates, but refuse to listen to a subordinate who the officials strongly suspect will attempt to explain the associated risk of transmitting infection (40) officials cannot escape liability for deliberate indifference by showing that while they were aware of an obvious, substantial risk to inmate safety, officials did know that inmates was likely to catch lice by the specific inmate who eventually came in infested. Officials, acting with deliberate indifference exposed inmates to a sufficiently substantial risk of damage to the inmates health, and it does not matters whether the risk comes from a single source or multiple sources. Officials have inflicted punishment among every inmate on 4F of Division 8 RTU.

(41) Exposure of inmates to "infectious maladies" such as lice, even though the possible infection might not affect all of those exposed. Shows officers and CCDOC nurses acted with deliberate indifference, and exposed inmates to a sufficiently substantial risk of damage to inmates future health. A jail official duty is to ensure "reasonable safety" (42) Inmates who plainly proved an unsafe condition in their jail on the ground that something happened to them, nothing can adopt today clashes with

that common sense principle, subjective approach to deliberate indifference does not require a Inmate seeking a remedy for unsafe conditions to await a tragic event such as an actual infection before obtaining relief. (43) Inmates comes forward with evidence from which it can be inferred that the officials were at the time suit was filed, knowingly and unreasonably disregarded an objectively intolerable risk of harm, and that they will continue to do so. Insofar as inmates seeks injunctive relief to prevent a substantial risk of serious injury from ripening into actual harm, the subjective factor, deliberate indifference, should be determined in light of the jail authorities current attitudes and conduct. (44) officials could not escape liability cause the evidence shows that officers and employees of CCDOC merely refused to verify underlying facts indicating that one inmate has lice, but resists opportunities to obtain final confirmation; And they knew that some infections are communicable and that a single room is being used to house thirty-nine inmates. (45) And the circumstances suggest that the defendants - officials being sued had been exposed to information concerning the risk and thus have known about it, then such evidence could be sufficient to permit a find that the officials had actual knowledge of the risk. (46) plaintiff also demonstrate the continuance of that disregard; so plaintiff ask for injunctive relief so that the court can design a way to halt an ongoing violation in jail conditions that include and unsanitary condition in CCDOC. (47) The plaintiff expressed many concerns for our safety to all

of the respondents. Inmates establish officials awareness by reliance on many relevant evidence. Inhumane jail conditions violate the constitution even if no officials has improper, subjective state of mind. To the effect that barbaric jail conditions may be beyond the reach of the constitution when officials can be deemed culpable (48) Suffering endured by a inmate that is not formally a part of his sentence no matter how severe or unnecessary will be held violative of the cruel and unusual punishments clause. Because the inmates establishes that some officials intended the harm. It is assumed, if not established, that the conditions of confinement are themselves part of the punishment, even if not specifically "meted out" (49) The infection shows that conditions were more than uncomfortable, and instead rose to the level of conditions posing a substantial risk of serious harm to inmates health and safety. The severity and duration of deprivations were inversely proportional (50) Grievances and the cameras on 4F Rtu Division 8, show that officials acted and failed to act knowing that harm actually befall on inmates, officials is aware of the potential for harm but takes no reasonable efforts to avoid or alleviate that harm, so they bears liability under any standard. Both knowledge and disregard of risks, a mens rea on a par with criminal recklessness (51) officials have inflicted punishment in a manner that evokes both health concerns and the more general standards of dignity. The severity and duration of deprivations were inversely proportional, the length of exposure to the conditions, and the substantial

deprivation of sanitation. Shows something more than negligence. Thomas Dart and Director Jones are the heads of Cook County Jail and everything have to go through one or the other. So the conditions of our incarceration is solely up to them and others upon my belief and under standing. Director Moore and C/O Moczarna came on the deck on 10-16-15 and was told about the problem of the infection that was going around. So they avoided to alleviate that harm which befall on Thomas Dart, Director Jones and Director Moore, which is clearly a violation of Inmates rights under the constitution of the United States. Violation of due process rights, violation of negligence and equal protection plus more. Commander Dominguez came on the deck multiple times and was told of the infection and still refused to use the power he has to quarantine the deck which is a violation of Inmates right cruel and unusual punishment, violation due process rights, negligence and many more. Sgt. Peck, Sgt. Daily also came on the deck and was told of the infection but still refuse to do something just like C/O Riley, C/O VEEEN, C/O John Doe, C/O John Doe all violated Inmates rights under the constitution such as cruel and unusual punishment, negligence, unsafe living conditions and many more. Nurse Lee, Nurse Short and Nurse Jane Doe also was advised about the problem and refuse to act upon they duty, and told inmates that the problem we are having is a CDC problem not theirs. So they violated many of Inmates constitution rights. And the John Doe's and Jane Doe can be revealed by Thomas Dart, he can put the names to the Doe's.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Each defendant is sued individually and in his/her official capacity, at all times mentioned in this complaint. Each defendant acted under the color of state law. Punitive damages in the amount determined by jury against each defendant. Compensatory damages in the amount determined by jury against each defendant, jointly and severally. Plaintiff cost in this suit and any legal fees any out of court fees and Indemnification relief to

Charge the Screening process and any additional relief court Dem Just
 VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20 15

Darnell Duet
 (Signature of plaintiff or plaintiffs)

DARNELL DUETT
 (Print name)

20140626293
 (I.D. Number)

P.O. Box 089002
Chicago IL 60608

(Address)

Color of Law

1. Thomas DART
2. Director JONES
3. C/O MOURZA
4. Commander DOMINQUEZ
5. Sgt. PECK
6. Sgt. DAILY
7. Superintendent BROW
8. C/O RILEY
9. C/O VEREEN
10. NURSE LEE
11. NURSE SHORT
12. NURSE JANE DOE
13. C/O JOHN DOE
14. C/O JOHN DOE

EACH Defendant was under the color of law when such rights was violated.



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

DUETT

PRINT - FIRST NAME (Primer Nombre):

DARNELL

INMATE BOOKING NUMBER (# de identificación del detenido)

20140626293

DIVISION (División):

RTU 8

LIVING UNIT (Unidad):

4F

DATE (Fecha):

10-20-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-20-15

TIME OF INCIDENT (Hora Del Incidente)

1:00

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

4F

As i was getting in the shower, i took off my briefs and observed multi lice in the inside of my briefs. I showed c/o MATOS #17424, he admittly sent me to health care. I was given lice treatment which was some lotion and a Comb. Nothing else was done about the lice, i was sent back to the deck. And the deck remain infested with these lice

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

quarline the deck and treat Everything properly

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

The whole deck c/o MATOS #17424

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Darnell Duff 10-20-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

10/21/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

DUETT

PRINT - FIRST NAME (Primer Nombre):

DARNELL

INMATE BOOKING NUMBER (# de identificación del detenido)

20140626293

DIVISION (División):

8 RTU

LIVING UNIT (Unidad):

4F

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-1-15

TIME OF INCIDENT (Hora Del Incidente)

7:59 P.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

RTU-8 4F

I've been putting in multi request slip to Health Care, because I caught lice on this DECK from another Inmate. I've also told C/O's and nurses that I have this problem. I even have shown them the bugs. But still I haven't been seen yet. I'm study being told by nurses that it's a IDOC problem not there's. All IDOC have done is change our cloths and line

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be treated for these lice, and treat the lices that's still running around this DECK

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

COUNSILOR Churchill
LANCE, WYATT SHAWN MOORES

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Darnell Dutt 10-9-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

Crew Booker

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/13/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Brooks

DIVISION (División):

8 New

PRINT - FIRST NAME (Primer Nombre):

David

LIVING UNIT (Unidad):

4F

INMATE BOOKING NUMBER (# de identificación del detenido)

20140328258

DATE (Fecha):

10/12/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10/12/15

TIME OF INCIDENT (Hora Del Incidente)

9:00 pm

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

Div 8 / Living Unit 4F

On several occasions I have found lice on my living bunk area & on several items of body lice on my clothes & linen area. They have passed me the lice treatment.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

This deck be power washed, Deck be quiltined & all clothes be washed.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

DAR VELL DUETT

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Darius D. Brooks 10/12/15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

Crew Booker

DATE CRW/PLATOON COUNSELOR RECIEVED:

10/13/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Randle

PRINT - FIRST NAME (Primer Nombre):

Norell

INMATE BOOKING NUMBER (# de identificación del detenido)

20151005267

DIVISION (División):

RtuS

LIVING UNIT (Unidad):

4F

DATE (Fecha):

10-14-2015

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-7-15

TIME OF INCIDENT (Hora Del Incidente)

7:30 AM.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 8 Rtu 4F

I came on this Deck which is Division 8 Rtu 4F on 10-7-15 I awoke itching from parasite that I discover was lice. I have been putting in multi Request Slips to health care Regarding this infection and still til this day there havent been nothing done about this infection

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

please do something about this infection "ANYTHING".

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Michael Randle 10-14-2015

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

10-15-2015

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

10-14-15

Morning 6:30

8 4f 10/16/15

Shortly after coming on this deck I caught lice and I'm not the only person with these issues I heard this have been a problem since Oct & Sept and here we are now. I shouldn't have this problem because the the deck should be properly clean & rid of this

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I need medical attendant to get rid of ~~lice~~ these lice and the deck be properly clean in which I'm entitled to.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

[Signature]
10/19/15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Keith

PRINT - FIRST NAME (Primer Nombre):

KENNETH

INMATE BOOKING NUMBER (# de identificación del detenido)

20150914056

DIVISION (División):

8

LIVING UNIT (Unidad):

4-F

DATE (Fecha):

10-18-015

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-13-15

TIME OF INCIDENT (Hora Del Incidente)

4:44 pm

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

4F 10.18

HAVE BEEN COMPLAINING ABOUT LICE SINCE
THE 13TH OCT 015 FOUND LICE IN MY BATH TOWEL
SHOWED UNIT OFFICER AND NOTHING WAS DONE I DIDN'T
GET TREATMENT OR ANOTHER BATH TOWEL.
4:44 PM

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like something to be done about
these lice on this deck

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Kenneth Keith 10-18-015

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

Crew 13

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/19/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

BRISCOE

PRINT - FIRST NAME (Primer Nombre):

DARNELL

INMATE BOOKING NUMBER (# de identificación del detenido)

2015-0823221

DIVISION (División):

8-RTU-4

LIVING UNIT (Unidad):

47

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

9-29-15

TIME OF INCIDENT (Hora Del Incidente)

10:45 A.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

RTU 47

During THE DATE AND TIME ABOVE I FOLLOWED THE COOK COUNTY DEPARTMENT OF CORRECTIONS INMATE HAND RULE BOOK CHAPTER #4 PAGE #11 REGARDING EMERGENCY HEALTH CARE. I DIDN'T RECEIVE ANYTHING TOWARD RESOLVING THIS ISSUE UNTIL 12-15, IT WAS IN ADOQUATE RESOLUTION DUE TO NOT GETTING NEW C.C. DOC BREWERS INMATE

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I WAS GIVEN CREAM RINSE, BUT 47 WAS NOT THROUGHLY CLEANED NOR WAS THE UNIT OR LABORATORY POWER WASHED C.C. DOC TO PROPERLY PUT HEALTH AND SANITATION FIRST.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Darnell Briscoe 12-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Bodker

SIGNATURE:

Crew Bodker

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/14/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

0091344

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Briscoe

INMATE FIRST NAME (Primer Nombre):

Darnell

ID Number (# de identificación):

20150823221

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Lt. Pullum

SIGNATURE:

Lt. Pullum

DIV. / DEPT.

OSPTM

DATE:

10 / 26 / 15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

Darnell Briscoe

DIV. / DEPT.

DATE:

11 / 2 / 15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

____ / ____ / ____

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____ / ____ / ____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Robinson

PRINT - FIRST NAME (Primer Nombre):

Joseph

INMATE BOOKING NUMBER (# de identificación del detenido)

20151003013

DIVISION (División):

8 rtu

LIVING UNIT (Unidad):

4F

DATE (Fecha):

Oct 25, 2015

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10/24/15

TIME OF INCIDENT (Hora Del Incidente)

9:30 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

div 8 rtu 4F

I woke up 10/24/15 scratching bug me which was like the deck infestation with lice and this been a longstanding problem, and ain't no one is doing nothing about it

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

PLEASE TAKE CARE of this Lice problem that's on the deck

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Whole deck

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Joe

10/26/15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

Crew Booker

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/26/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

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GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

Caffey

Maurice

20150806230

8 RTU

4F

10-25-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Oct 25, 2015

8:30 AM

DIV 8 RTU 4F

I arrived on 4F on Oct 24 2015. On Oct 25, 2015 I awoke to an infestation of lice. I NEVER before had lice. I recent found that this Deck was infested with lice and there is nothing being done about it.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

That the deck be courtmanned & decontaminated. This is not a selfish request but a request to relieve infestation to all.

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(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Crew Booker

Crew Booker

10/26/15



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Page 1 of 4

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS: This is an

- ☒ EMERGENCY GRIEVANCE Emergency Grievance,
☐ GRIEVANCE NOT A REQUEST,
☐ NON-GRIEVANCE (REQUEST) give me a control #

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

WYATT

PRINT - FIRST NAME (Primer Nombre):

LANCE

INMATE BOOKING NUMBER (# de identificación del detenido)

20110130152

DIVISION (División):

08

LIVING UNIT (Unidad):

4F

DATE (Fecha):

10.25.15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10.23.15

TIME OF INCIDENT (Hora Del Incidente)

All day/night

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

RTU, Unit 4F

On 10.23.15 I awoke to deep scratches all over my left ankle. Upon further inspection I noticed bug bites covering the same ankle and lower leg. I must have dug scratches into my left leg due to scratching body lice with toenails which are extremely broken and jagged due to not being to the barber shop to cut them since I think, July. Body lice were discovered on detainees on 4F since at least 9.30.15. Security changed our sheets and blankets on 10.1.15 but did not give us all Lice Treatment or change our uniforms even after I removed lice from the original infected

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

discovered on detainees on 4F since at least 9.30.15. Security changed our sheets and blankets on 10.1.15 but did not give us all Lice Treatment or change our uniforms even after I removed lice from the original infected

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Everyone living and working 4F the last month

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Ramon R. Wyatt / 10.25.15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

Crew B

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/26/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

Page 2 of 4

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

WYATT

INMATE INFORMATION (Información del Preso)

PRINT - FIRST NAME (Primer Nombre):

LANCE

INMATE BOOKING NUMBER (# de identificación del detenido)

20110130152

DIVISION (División):

08

LIVING UNIT (Unidad):

4F

DATE (Fecha):

10.25.15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An Inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10.23.15

TIME OF INCIDENT (Hora Del Incidente)

All day/night

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

RTU, Unit 4F

inmate and showed them to Nurse Short and Nurse Lee who assured Psych worker Doug, Dr. Silharty (sp?), and the officers working that 7-3 shift that they were, in fact, not body lice and also that they were security's problem and not their's. So we got that guy removed from the deck on the 3-11 shift and got our linens charged the next day. Uniform exchange did not occur on the 3rd, or the 10th, 17th, or 24th for that matter and only came twice from the 7th, 14th, or 21st. WE HAVE ALSO NOT HAD OUR WHITES LAUNDERED SINCE MID-

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitando, Esta sección debe completarse)

changed the next day. Uniform exchange did not occur on the 3rd, or the 10th, 17th, or 24th for that matter and only came twice from the 7th, 14th, or 21st. WE HAVE ALSO NOT HAD OUR WHITES LAUNDERED SINCE MID-

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan Información:)

Everyone living and working 4F the last month

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Lance D. Wyatt 10.25.15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Butler

SIGNATURE:

Crew Butler

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/26/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Page 3 of 4

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (¡ Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

WYATT

PRINT - FIRST NAME (Primer Nombre):

LANCE

INMATE BOOKING NUMBER (# de identificación del detenido)

20110130152

DIVISION (División):

08

LIVING UNIT (Unidad):

4F

DATE (Fecha):

10.25.15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10.23.15

TIME OF INCIDENT (Hora Del Incidente)

All day/night

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

RTU, Unit 4F

SEPTEMBER! (And it's against the rules to wash our own clothes!)
A couple guys were given LICE Treatment on 10.1.15 and
a couple more have been given it since. But I had
saved my own bottle from two or three years ago in
Division 10 because body lice are absolutely filthy,
irritating, disgusting, stressful, hurtful, itchy, harmful,
and dangerous, and CCPOC never seems to take them as
seriously and importantly as they actually are when eating
flesh and blood. So on 10.23.15 I showered with my
own bottle of LICE Treatment, got a new uniform, sheets.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Everyone living and working 4F the last month

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Lance A. Wyatt / 10.25.15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booklen

SIGNATURE:

Crew P

DATE CRW/PLATOON COUNSELOR RECIEVED:

10/26/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS: Give

- ☒ EMERGENCY GRIEVANCE me a
☐ GRIEVANCE control
☐ NON-GRIEVANCE (REQUEST) number!

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

WYATT

PRINT - FIRST NAME (Primer Nombre):

LANCE

INMATE BOOKING NUMBER (# de identificación del detenido)

20110130152

DIVISION (División):

08

LIVING UNIT (Unidad):

4F

DATE (Fecha):

10.25.15

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TIME OF INCIDENT (Hora Del Incidente)

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SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

RTU, Unit 4F

and bedroll from 3-11 officers, and received both Hydrocortisone Cream 1% and Bacitracin, USP for my ankle and leg injuries from scratching bugs in my sleep from 3-11 Nurse House who is ALWAYS helpful. This happened to me because CCDOC and it's nurses allowed the bugs to fester, multiply, and attack for over three weeks since being reported. That's deliberate.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

I want a new bottle of Lice Treatment IMMEDIATELY for the next time body lice attack and eat on me while CCDOC and it's nurses do nothing. I want to go to the barbershop and cut my toenails for the first time in three months. And I want serious compensation.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información):

Everyone living and working 4F the last month

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Lance A. Wyatt / 10.25.15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

Crume

Stanley

20150905001

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

8

4F

10-5-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

10-5-15

17:25

Div 8

4F

I was at my bed & observe a lice on the floor crawling to my bunk. There has been 5 times that this lice has been popped up. The staff change our linen but did not change our clothes. The deck is being attack by lice.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

That the deck be quarline for lice also all clothes & linen be change.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

(Nombre del personal o presos que tengan información:)

Stanley Crume

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

Crew Booker

Crew Bx

10/6/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2015 x 5543

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Crume

INMATE FIRST NAME (Primer Nombre):

Stanley

ID Number (# de identificación):

20150905001

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170-Living Conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

08 Riv Supt

10/16/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

3rd Shift Tallow Case of on 13 OCT 15 on
per SGT Rock

PERSONNEL RESPONDING TO GRIEVANCE (Print):

C/Res

SIGNATURE:

[Signature]

DIV. / DEPT.

8/17C

DATE:

10/15/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Stanley Crume

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

10/13/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): 10/19/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

They never quarantine the unit or took out linen for exchange or matters. It on camera they only came on the days on clothes change that all they did.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

No

☐☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

Issue addressed re-Div. Staff

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

J Mueller

SIGNATURE (Firma del Administrador o / su Designado(a)):

[Signature]

DATE (Fecha):

10/23/15

INMATE SIGNATURE (Firma del Preso):

Stanley Crume

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibio respuesta a su apelacion):

10/26/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Hampton

DIVISION (División):

8

PRINT - FIRST NAME (Primer Nombre):

Jerard

LIVING UNIT (Unidad):

4F

INMATE BOOKING NUMBER (# de identificación del detenido)

20150114290

DATE (Fecha):

10-5-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-5-15

TIME OF INCIDENT (Hora Del Incidente)

11:08 AM Approx

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

8-4F

We have been dealing with a lice infestation for over a week and CCDOE has not exterminated the lice problem I have been treated once for lice three days ago but the infestation problem still exist. This is deliberate indifference to all 39 inmates on 4F, because people are still finding bugs (lice) also I haven't been able to change clothes

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I need CCDOE to take care of the lice infestation on 4F and let everyone change linens, cloths, and mattresses

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Kerrell Book Victor Moreno

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

1-2-11-15 10-5-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

Crew Booker

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/6/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

0335252

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)
INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2015 X 5542

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Hampton

INMATE FIRST NAME (Primer Nombre):

Jerrod

ID Number (# de identificación):

2015011-1290

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170 - Living Conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

10/16/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

 Your concern has been addressed on 13 Oct 15
 with all linens, uniforms and mattress taken
 care of on the 3-11 shift per Sgt Pick

PERSONNEL RESPONDING TO GRIEVANCE (Print):

C. J. Ross

SIGNATURE:

[Signature]

DIV. / DEPT.

8/174

DATE:

10/15/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

1/1

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

10/19/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):

10/19/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

 They never took care of the
 infestation on our tier it is on camera that they
 havent even changed the mattresses and they only
 changed uniform twice and no laundry has been cleaned.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o su designado(a)):

Issue was addressed for div staff.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

10/23/11

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelacion):

10/1/15


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

0506806

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2015 X 5924

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Duett

INMATE FIRST NAME (Primer Nombre):

Darnell

ID Number (# de identificación):

20140626293

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170- Living Conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

 THIS MATTER HAS BEEN ADDRESSED
 BY MEDICAL STAFF, THE DIVISIONAL SANITATION
 OFFICER, AND THE CCDOC SANTTARIAN.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

L.T. PHILLIPS

SIGNATURE:

[Signature]

DIV. / DEPT.

081470

DATE:

10/31/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Darnell Duett

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

11/16/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 11 / 16 / 15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

 NO it have not been addressed by medical staff
 nor Sanitation officers as should be. There was more
 than one inmates with lice and they have not been treated

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)):

Original Response to Staff

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

11/20/15

INMATE SIGNATURE (Firma del Preso):

Darnell Duett

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

12 / 1 / 15

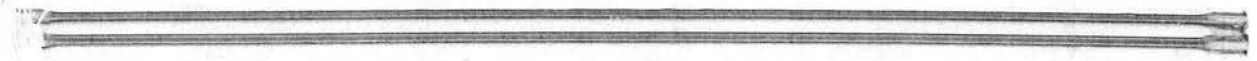
EXHIBIT

MULTI : ↓
LICE

LICE
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LICE
→

LICE ↗

EXHIBIT

DATE: ↓ 10-12-15

NAME: ↓ DARNELL DUETT

ADDRESS: ↓ RTU-8 4F



DANGER PELIGRO

CERTIFIED TO MEET 165g IMPACT STRENGTH ASTM D1709-01
480g TEAR STRENGTH ASTM D1922-03A

NAME: DARNELL DUETT
ADDRESS: RTU-8 4F
10-12-15

DARNEIL DUETT #47764-424
Metropolitan Correctional Center
71 W. VAN BUREN
Chicago IL 60605



Expected Delivery Day: 04/28/2016
USPS TRACKING NUMBER
9505 5119 1128 6118 4203 79

PRISONER CORRESPONDENT
219 S. DEARBORN
Chicago IL 60604

LEGAL MAIL RECEIVED
APR 27 2016
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

1:16-cv-4845
Judge Thomas M. Durkin
Magistrate Judge Mary M. Rowland
PC1

METROPOLITAN CORRECTIONAL CENTER
71 W. VAN BUREN STREET
CHICAGO, IL 60605

The enclosed letter was processed through special mailing procedures for forwarding to you. The letter has neither been opened nor inspected. If the writer raises a question or problem over which the facility has jurisdiction, you may wish to return the material for further information or clarification. If the writer encloses correspondence for forwarding to another addressee, please return the enclosure to the above address.

Date: 19 Apr 16

Priority Mail[®]
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